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ABSTRACT

Medical students undergoing a stressful process of adjustment, especially in their first year of studies, to the environment of medical school and hospital wards with their stringent requirements, are subject to a personal and professional identity crisis. Possible maladjustments may have profoundly negative affects on their studies and their personal and professional maturation and development. Most medical schools have some type of counseling service available to these students. One school's Student Advisory Group--a body composed of students and faculty who report to the dean's office--operated a guidance and counseling service staffed by voluntary faculty member counselors. A table of one faculty member's personal counseling in the period of 1981-1987 showed that 83% of counseled medical students were in their first year of undergraduate studies and that 62% of all counseled students were females. The indications as to the reasons for which the counsel was sought illustrates the fact that the majority of students (79%) needed help for reasons directly connected with the level of their academic performance, or with direct impact on their perception of how they were expected to perform. An effective counseling service in medical schools is essential, and it is possible to sidestep the usual administrative and budgetary problems in regard to staffing and operating such a service. (Author/NB)

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BUSINESS OF COPING: COUNSELING SERVICE TO MEDICAL STUDENTS

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Abstract

As the medical students have to undergo a stressful process of adjustment, especially in their first year of studies, to the environment of medical school and hospital wards with their stringent requirements, they are the subject of a personal and professional identity crisis. Possible maladjustments may have profoundly negative influence on their studies and their personal and professional maturation and development.

Most medical schools have some type of counseling service available to their students. In the author's school, the Student Advisory Group - a body composed of students and faculty, reporting to the dean's office - operates the guidance and counseling service staffed by voluntary faculty members-counselors. A table of the author's personal counseling in the period of 1981-1987 shows the 83% of counseled medical students were in their first year of undergraduate studies. It also shows that 62% of all counseled students were females.

The indications as to the reasons for which the counsel was sought illustrates the fact that the majority of students (79%) needed help for reasons directly connected with the level of their academic performance, or with direct impact on their perception how they were expected to perform. The article concludes that an effective counseling service in medical schools is essential, and that it is possible to sidestep the usual administrative and budgetary problems in regard to staffing and operating such service.

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BUSINESS OF COPING: COUNSELING SERVICE TO MEDICAL STUDENTS

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There is a number of communications in the literature concerned with the need of counseling service to students in our institutions of higher learning. Such need is particularly pressing in regard to the freshmen university students who are undergoing, on the average, a stressful and difficult process of adjustment in their lifestyles, and frequently in their entire complex of acquired life values, to the academic environment and its requirements. This introductory statement is even more valid in reference to freshmen students in the professional schools, in particular to the students of medicine (1). The environment of medical schools, dissection and autopsy laboratories, operation theatres and hospital wards has been characterized as very stressful especially to a novice (2). Medical students are expected to master an overwhelming amount of information in a short time period, to cope with sickness and death, to learn making at times far-reaching decisions under grave and unexpected circumstances. They have, in addition, to face frustrating uncertainties and ambiguities in medicine; they have, in short, to deal with countless stressful periods during their studies and training.

It is a well known fact that psychiatric illnesses and behavioral problems among physicians are statistically higher as compared with non-physicians, and that the suicide rate among physicians of both sexes is twice that of non-physicians (3). The physicians were, of course, medical students who possibly started to build-up their time bomb during their academic years and before. Therefore, those students who are under our influence now will soon become practising physicians. Most of them will, frequently with our help, adapt to the realities of their professional lives and learn how to live with them. However, some will possibly continue to develop potentially destructive behavior. The maladjustments of some students can have profoundly negative influence not only on their learning process and academic record, but especially on their personal and professional maturation and development. What we as teachers and educators sometimes fail to recognize, is the fact that we are not only the sources of information but, more significantly, their role models. It has been shown that the students are undergoing in their most formative initial years a profound crisis of identity (4). Simultaneously, we have to underline that medicine as the profession with its educational system is currently

undergoing a crisis of its own. In addition, never before were so many female students enrolled in medical schools. In 1986, the female students accounted for about 28% of the U.S. medical schools' enrollment as compared to about 10% in 1970 (5). In the author's school, there are 54% of female students in the first year of medicine in 1988 as compared to 9% in 1968. The communications in the literature, concerned with women as medical students and physicians, indicate that medical training and profession is more stressful for women than for men (5, 6).

NEED FOR COUNSELING SERVICE

A 1983 survey study (7) concerned with the availability of personal counseling in medical schools reported that all 114 surveyed North American schools have some counseling service available. However, the range and depth of such services varied greatly. The survey states that such services are provided most frequently by a private psychiatrist, or by psychiatrists at student health centers. Other types of counseling service were reported to be provided by the student affairs office, faculty advisors, or by student support groups. However, 35% of surveyed deans did not think that the counseling services at their schools were adequate. Their most frequent observation was that more staffing and funds were needed to meet counseling needs. The need for counseling service itself was not reported to be questioned.

Most Canadian universities offer to their students some centralized counseling services as a part of the university establishment, usually under the administrative unit of student services, staffed by professional counselors, clinical psychologists or behavioral consultants. To the author's knowledge, very few medical students use the central university counseling service; they represent a negligible fraction of medical students in the need of counseling. It is apparent that medical schools need their own service manned by people who understand well the complex and multi-faceted medical educational process, who are knowledgeable and experienced not only in the aspects of undergraduate medical education but also of the postgraduate training and are aware of the inner working of medical profession.

STUDENT ADVISORY GROUP

The need for close cooperation between students, faculty and administrators has been recognized in the author's school early in the 60's and a number of activities, with participation of students, concerned mainly with the curriculum and teaching methodologies, became an integral part of the academic life. As a sideline at that time, a rudimentary and unorganized advisory service was

provided to students by some faculty members as a spontaneous activity; those faculty members who were contacted by students were perceived by them as being close to them, understanding and helpful. Such a naturally spontaneous situation lasted for a number of years and led to a system of traditional student representation in the school's and faculty's standing structural committees and to the active solicitation of student input. The year 1977 saw the founding of a unique body, called the Student Advisory Group (8). It has established itself over the years as an active and respected body by students, faculty and administrators. The Group is composed of concerned students and faculty members who meet regularly once a month during the academic year and discuss any problem reported by students, faculty or administrators. The Group reports directly to the dean's office. It tries to formulate a reasonable solution to any perceived problem by submitting a corresponding recommendation to the school's administration. The problems involved may be of any unrestricted global or specific nature, of any curricular or extracurricular activities. The Group therefore functions as an advisory body in regard to any problem of mutual interest to students, faculty and administrators. The operational principles of the Group were gradually established as follows: 1. to function as a catalyst in identifying and bringing up any perceived problem in the life of the school to open discussion, and therefore to the attention of the policy-making and executive bodies of the school; and 2. to organize and operate the system of advisory and counseling service to the students. The focus of this communication is on the latter.

THE SYSTEM OF COUNSELING SERVICE

Since the early 80's, the Student Advisory Group coordinates and operates the system of advisory and counseling service (9) offered to medical students. In addition, it is also used by nursing students. The author, as the coordinator of the service, contacts every year a number of the faculty members willing to be available to students as volunteer counselors. The list of the names of the available faculty members is then internally publicized at the beginning of each academic year. It is posted on a number of appropriate bulletin boards and in the classrooms, it is given to the officials of the student Aesculapian Society and to all class Presidents. In addition, all medical students are informed verbally by the members of the Student Advisory Group.

The service is governed by the following two crucial principles: 1. it is strictly confidential on one-to-one basis; and 2. it is based on the initiative of students who are free to contact any counselor whose name appears on the

list.

The service is in the existence in the described form since the beginning of the academic year 1981-82. It is used by students frequently, and the feedback from students, as reported at the end of every academic year to the Student Advisory Group, is positive. The service appears to be efficient, and after some minor adjustments made in the course of the first two years of its existence, neither negative comments about the service were received nor suggestions for change were made.

The service can be seen as an efficient system of what can be called the "front line" counseling (10). The publicized list of faculty volunteers-counselors introduces the service by the following message to students: "The following faculty members have offered their help should you run into academic, personal or other problems not requiring more expert or professional help. Please feel free to contact any of them." If, in the judgement of a counselor, such more expert or professional help is needed as in the cases of physical or mental health problems, the counselor would refer the student to the University student health center, to private practising physician, or to a psychiatrist. The Student Advisory Group has available the expert services of a psychiatrist who was one of the founding fathers of the Group and who is specialized and experienced in problems of medical students.

The number of volunteer faculty members-counselors varies every academic year. In 1987-88, there are 18 faculty members available. It has to be underlined, although probably unnecessarily, that this system of student guidance and counseling serves the purpose of individual help in personal difficulties. It has nothing to do with specific subject matter consultations which are the undisputed domain of faculty members teaching the specific subjects, as an integral part of their duties.

ANALYSIS OF THE AUTHOR'S PERSONAL COUNSELING

The following tables illustrate the number of students counseled by the author, related to the character of problems for which the counsel was sought, in the period of six and a half academic years between the beginning of September 1981 and the end of December 1987. It would be also useful to underline that the numbers show the personal counseling activities and cannot be extrapolated to relate to the entire service (therefore, for instance, multiplied by a number of available counselors) since the author as the coordinator of the service and the Chairman of the Student Advisory Group is sought by students for counsel apparently most frequently.

TABLE OF AUTHOR'S COUNSELING 1981-87

CHARACTER OF PROBLEM FOR WHICH THE COUNSEL WAS SOUGHT	Medical students Year 1st	2nd	3rd	4th	Subtotal	Nursing students Component Generic Year 1st	2nd	Post-R.N. Programme	Subtotal	TOTAL
A. 1. Analysis and adjustment of previously acquired learning methods. Frequently related to a change in lifestyle	75	6			81	20	4	8	32	113
2. Priorities in time allocation, personal planning	17	2			19	7		5	12	31
3. Attitudes and motivation toward studies and medical profession	25	3			28	4		2	6	34
4. Examinations: i) pre-examination anxiety, tension	28				28	6		2	8	36
ii) dissatisfaction with examination results	25	2			27	5		1	6	33
iii) how to cope with oral examinations	15				15					15
iv) significant academic difficulties, analysis	14	4	1		19	5	3	2	10	29
v) academic failure	22	2			24	5		4	9	33
5. Lack of self-confidence, perceived inability to master material, analysis	7	1			8	3		1	4	12
6. Future career choices	3	7	8	6	24	1	3	6	10	34

TABLE OF THE AUTHOR'S COUNSELING 1981-87 (Cont'd.)

CHARACTER OF PROBLEM FOR WHICH THE COUNSEL WAS SOUGHT	Medical students Year 1st	2nd	3rd	4th	Subtotal	Nursing students Component Generic Year 1st	2nd	Post-R.N. Programme	Subtotal	TOTAL
B. Variety of personal problems										
1. Health problems affecting studies and/or examinations	16	6			22	2	1	1	4	26
2. Pregnancy and studies, and/or examinations	2				2			2	2	4
3. Serious family problems or tragedy affecting studies	7				7	3	1	1	5	12
4. Problems in personal relationship, including marriage difficuties	5	1	1		7			2	2	9
5. Career versus marriage frustrations				2	2					2
6. Problems in social integration	3	1			4					4
7. Financial problems	2		1		3					3
8. Housing problems	2				2					2
9. Emotional crisis, including deep depression	7	1	1		9					9
10. Acute nervous breakdown	4				4					4
TOTAL	279	36	12	8	335	61	12	37	110	445

DISCUSSION

Out of the total number of counseled students, 75% were medical students and 25% were nursing students. It is to be mentioned that the author's Faculty of Health Sciences is composed of three schools: Medicine, Nursing and Physical Education. Only the first two are located at the same building, the last one is located at the facilities 5 km away. The Student Advisory Group is a body of the School of Medicine and its counseling service is offered to medical students only. The nursing students learn about it by the word of mouth. Since the author is also the honorary faculty member of the School of Nursing, actively involved in nursing education, the students enrolled in that school are not refused counsel if they seek it. However, in the above statistics, they represent a sideline.

Out of the total number of counseled medical students, 83% were at the time of counseling in the first year of their studies, less than 11% in the second year, slightly over 3.5% in the third year, and barely 2.5% in the fourth year. The fact that the majority of students in need of help are in their first year is hardly surprising. It accentuates the fact that the guidance and counseling service in medical schools must pay a lot of attention to their most vulnerable first year students. The price to be paid by the society and individuals for underestimating the significance of such service in medical schools can be very high; possible maladjustments in the most difficult initial formative years when the process of solving the professional and personal identity crisis commences, can be - speaking not only illustratively - fatal.

It is not unexpected that out of the total number of all counseled students, 79% (categories A. 1, 2, 3 and 4 in the table) sought counseling for reasons directly connected with the level of their academic performance, or with the direct impact on their perception of how they are expected to perform. The Type A behavior pattern of freshmen professional students has been quite widely discussed, especially in connection with competitive pressures associated with the process of admission to medical studies, known as the "premedical syndrome" (11). The author's statistics and the substance of counseling indicates that after a short initial period of elation, feeling at the "top of the world" that they made it in the fierce admission competition, most first year medical students are the subject of deepening doubts if they will be able to academically perform and to live at the level of both, their own expectations (not knowing exact details yet what that level is) and the high expectations of their teachers. Of course, personality and attitudinal traits (12) account for a

great variety of reactions displayed by students under such circumstances, which a counselor must be mentally prepared to encounter.

In terms of the gender ratio, out of the total number of counseled students 62% were females. This experience corresponds to the studies reporting the perception of stress and its practical impact on female students as being higher than on their male counterparts. With the current gender ratio of enrollment in medical schools, faculty and administrators must expect that the number of female students seeking help will be significantly higher than the statistical gender ratio on the enrollment lists.

CONCLUSION

1. Because of the specialized field of educational expertise, the character and scope of the problems encountered by students, and the nature of the profession, medical schools can rely on the usual central University counseling service only marginally.

2. As a sine-qua-non condition, the establishment and efficient management of their own guidance and counseling service is an essential pre-requisite for any medical school. The primary effort of such service must be obviously focused on the students in the greatest need of help: on the students in their first year of studies and, in addition, female students.

3. As the example of the author's school illustrates, dedication of the nucleus of students and faculty can effectively sidestep the administrative monetary and staffing problems. At this institution, it costs nothing but time, experience and a few sacrifices of its faculty members, voluntary counselors. It can bear fruitful results, as indicated by students (13) and by the last accreditation report (14).

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